
Page 1

County: Outagami e GOOD SHEPHERD HOME 607 BRONSON ROAD SEYMOUR 54165 Phone: (920) 833-6856
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 96
Total Licensed Bed Capacity (12/31/00): 97
Number of Residents on 12/31/00: 93 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Non-Profit Church Related Skilled No Yes Average Daily Census: 92

Services Provided to Non-Residents	Į	Age, Sex, and Primary Diagn	osis of	Residents (12/3)	1/00)	Length of Stay (12/31/00	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	%	Less Than 1 Year	48. 4 43. 0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3. 2	More Than 4 Years	8. 6
Day Services Respite Care	No No	Mental Illness (Org./Psy) Mental Illness (Other)	21. 5 4. 3	65 - 74 75 - 84	5. 4 44. 1		100. 0
Adult Day Care Adult Day Health Care	No No	Al cohol & Other Drug Abuse Para-, Quadra-, Hemiplegic	0. 0 0. 0	85 - 94 95 & Over	41. 9 5. 4	**************************************	********
Congregate Meals	Yes	Cancer	2. 2	95 & Over	J. 4	Full-Time Equivale Nursing Staff per 100 F	ent Resi dents
Home Delivered Meals Other Meals	Yes Yes	Fractures Cardi ovascul ar	10. 8 17. 2	65 & 0ver	100. 0 96. 8	(12/31/00)	
Transportation	No	Cerebrovascul ar	25. 8			RNs	11. 8
Referral Service Other Services	No Yes	Di abetes Respi ratory	0. 0 2. 2	Sex	%	LPNs Nursing Assistants	7. 6
Provi de Day Programming for		Other Medical Conditions	16. 1	Male_	26. 9	Ai des & Orderlies	39. 2
Mentally Ill Provi de Day Programming for	No		100. 0	Femal e	73. 1		
Developmentally Disabled	No		100.0		100. 0		

Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)						Private Pay			Manageo		Percent	
I 1 C	NT -	0/	Per Di		0/	Per Di e		0/	Per Die		0/	Per Diem			Per Diem		Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	2	3. 9	\$120. 24	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	2	2. 2%
Skilled Care	10	100. 0	\$253. 37	45	88. 2	\$102.60	Ö	0. 0	\$0.00	32	100. 0	\$133.00	Ŏ	0. 0	\$0.00	87	93. 5%
Intermediate				4	7.8	\$84. 97	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	4	4.3%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	j. 0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Venti l ator- Depende	nt 0	0. 0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Total	10	100.0		51	100. 0		0	0.0		32	100.0		0	0.0		93	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needi ng Total Assi stance of Activities of Percent Admissions from: % Totally Number of Private Home/No Home Health 10.5 Daily Living (ADL) Independent One Or Two Staff Resi dents Dependent Private Home/With Home Health 0.9 Baťhi ng 1.1 92.5 6. 5 93 Other Nursing Homes 2. 6 Dressing 7. 5 88. 2 4.3 93 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals 77. 2 Transferring 21.5 71.0 93 7. 5 93 0.0 Toilet Use 16. 1 78. 5 5. 4 93 0.9 Eating 64. 5 31.2 4.3 ****** Other Locations 7.9 Total Number of Admissions Continence Special Treatments 114 Receiving Respiratory Care Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 10.8 9. 7 Private Home/No Home Health 37.6 Occ/Freq. Incontinent of Bladder 29.0 0.0 Private Home/With Home Health Occ/Freq. Incontinent of Bowel 15. 1 0.0 1.7 Other Nursing Homes 1. 7 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 6.8 0.0 Mobility Physically Restrained 0.0 0. 0 24.7 0.9 Other Locations 12.0 Skin Care Other Resident Characteristics 4.3 Deaths 39. 3 With Pressure Sores Have Advance Directives 100.0 Total Number of Discharges With Rashes Medications 1. 1 117 Receiving Psychoactive Drugs (Including Deaths)

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

						4-4-4-4-4-4-4-4-4			
		Own	ershi p:	Bed Size:		Li ce	ensure:		
	Thi s	Nonprofit			- 99	Ski l	led	Al l	
	Facility		Group		Group		Group	Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94. 8	87 . 8	1.08	87.3	1. 09	84. 1	1. 13	84 . 5	1. 12
Current Residents from In-County	60. 2	82. 6	0. 73	80. 3	0.75	83. 5	0. 72	77. 5	0. 78
Admissions from In-County, Still Residing	25. 4	25. 9	0. 98	21. 1	1. 21	22. 9	1. 11	21. 5	1. 18
Admi ssi ons/Average Daily Census	123. 9	116. 8	1.06	141.8	0.87	134. 3	0. 92	124. 3	1.00
Discharges/Average Daily Census	127. 2	117. 3	1. 08	143. 0	0.89	135. 6	0. 94	126. 1	1.01
Discharges To Private Residence/Average Daily Census	50. 0	43. 9	1. 14	59. 4	0.84	53. 6	0. 93	49. 9	1.00
Residents Receiving Skilled Care	95. 7	91. 3	1. 05	88. 3	1.08	90. 1	1.06	83. 3	1. 15
Residents Aged 65 and Older	96. 8	97. 1	1.00	95. 8	1.01	92. 7	1.04	87. 7	1. 10
Title 19 (Medicaid) Funded Residents	54.8	56 . 2	0. 98	57. 8	0. 95	63. 5	0. 86	69. 0	0.80
Private Pay Funded Residents	34. 4	37. 5	0. 92	33. 2	1.04	27. 0	1. 27	22. 6	1. 52
Developmentally Disabled Residents	0. 0	0. 6	0.00	0. 7	0.00	1. 3	0.00	7. 6	0.00
Mentally Ill Residents	25. 8	36. 3	0.71	32. 6	0. 79	37. 3	0. 69	33. 3	0.77
General Medical Service Residents	16. 1	21. 1	0. 77	19. 2	0.84	19. 2	0.84	18. 4	0.88
Impaired ADL (Mean)	41. 9	50.8	0.83	48. 3	0. 87	49. 7	0.84	49. 4	0.85
Psychological Problems	33. 3	50. 0	0. 67	47. 4	0.70	50. 7	0. 66	50. 1	0.67
Nursing Care Required (Mean)	5. 1	6. 8	0. 75	6. 1	0. 84	6. 4	0. 79	7. 2	0.71